

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-576)**

SERIAL NO. 10-009,084 FILING DATE _____
 APPLICANT(S) _____

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		12											
4		10											
5		10											
6	1												
7		1											
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TOTAL IND.	4												
TOTAL DEP.	23												
TOTAL CLAIMS	27												
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